

State/Territory: ILLINOIS

COMMUNITY SUPPORTED LIVING ARRANGEMENTS SERVICES
PROVIDED TO THE DEVELOPMENTALLY DISABLED

1. Personal assistance.

Provided*: X

Not Provided:

2. Training and habilitation services (necessary to assist the individual in achieving increased integration, independence and productivity).

Provided*: X

Not Provided:

3. 24-hour emergency assistance (as defined by the Secretary).

Provided*: X

Not Provided:

4. Assistive technology.

Provided*: X

Not Provided:

5. Adaptive equipment.

Provided*: X

Not Provided:

6. Support services necessary to aid an individual to participate in community activities.

Provided*:

Not Provided: X *EWZ*

*Pen & Ink Change 1/13/92
per discussion with State*

*In accordance with the requirements specified in approved Form HCFA-322.

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7. Other services (listed below)*:

- a) Minor modifications to the home.
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

*In accordance with the requirements specified in approved Form HCFA-322.

TN No. 91-26
Supercedes
TN No. NEW

Approval Date 2-6-92
Effective Date 10/24/91